

BELPER RURAL DISTRICT COUNCIL



ANNUAL REPORT



on the

HEALTH OF

THE BELPER RURAL DISTRICT

for the year

1961



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BELPER RURAL DISTRICT COUNCIL

1961-1962

Chairman T.B. Thorpe J.P.
Vice-Chairman B. O. Wright

Parishes

Councillors

Alderwasley	P.J. Chadfield
Allestree	(A.S. Morrell
Ashleyhay & Idridgehay	(P. Sims
Crich	(O.C. Wood
Darley Abbey	L.E. Doxey
Denby	(E. Williams (Resigned 27.1.62)
Detamck, Lea and Holloway	(M. Mitchell
Duffield	T. Taylor
Hazelwood	(G.H. Butler
Holbrook	(B.O. Wright
Horsley	T.B. Thorpe, J.P.
Horsley Woodhouse	(W.M. Cockain
Kedleston and Quarndon	(E.S. Hanbury
Kilburn	Mrs. H.E.B. Pulvertaft, J.P.
Kirk Langley	Miss E.A. Sheldon
Mapperley	Mrs. O.M. Dawes
Pentrich	R.M. Weston (Died 17.2.62)
Ravensdale Park & Weston Underwood	G.F. Smith (From 7.4.62)
Shipley	W.G. Sanderson
Shottle & Postern	(E. Bown
Smalley	(A.H. Bull (Resigned 17.4.62)
South Wingfield	Mrs. R.E. Peach
Turnditch & Windley	Mrs. D. Davis (Resigned 20.1.62)
	J. Wood (From 24.2.62)
	Mrs. O.M. Walters
	Rev. E. Richardson
	W.H.E. Thorpe
	A.G. Busby
	H.H. Dix
	(L. Walker
	(A.F. Lineham
	Capt. E.V. Lees, D.S.O., R.N. (Retd.)

PUBLIC HEALTH COMMITTEE

All the members of the Council

Chairman Mrs. H.E.B. Pulvertaft, J.P.
Vice-Chairman W.H.E. Thorpe

PUBLIC HEALTH OFFICERS OF
THE BELPER RURAL DISTRICT
COUNCIL

Medical Officer of Health

W. J. Morrissey M.B., B.Ch., D.P.H.

Chief Public Health Inspector

H. D. Stanworth M.Inst.Mun.E., M.R.S.H.
Chartered Municipal Engineer

Deputy Chief Public Health Inspector

S. M. Carruthers, M.R.S.H., M.A.P.H.I.

District Public Health Inspector

E. N. Morgan, M.A.P.H.I.

Senior Clerk

R. W. G. Whitmore

General Clerk/Shorthand Typist

Miss J. M. Crooks

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
TO THE BELPER RURAL DISTRICT COUNCIL

Council Offices,
Field Head House,
Chesterfield Road,
Belper, Derby.

23rd July, 1962.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the health and sanitary circumstances of the Rural District for the year ended 31st December, 1961.

Several new features in the form of comparative tables and graphs have been incorporated into the Report and it is proposed to continue these year by year thus giving a clearer picture of the state of the health of the inhabitants of the district over a long period.

The Registrar General's estimate of the population of the district as at June 1961 was 33,590 an increase of 3,020 over that for 1960. In estimating the population the Registrar General states that account has been taken of the figures produced by the Census carried out in April 1961.

The total number of live births registered during the year was 539 an increase of 55 on the 1960 figures.

Deaths occurring in 1961 amounted to 386 (i.e. 203 males and 183 females). This is an increase of 63 on the 1960 figures when 323 deaths were registered. This, however, must be considered in conjunction with the fact that the population of the district has risen since 1960 by 3,020.

Deaths from Cancer of all sites numbered 77, an increase of 19 on last year figures, and lung cancer was classed as being responsible for 13 deaths, an increase of 6 on the previous year's figures. Heart diseases caused 115 deaths, that is 29.79% of the total deaths registered (only a slight increase on the percentage for 1960), and vascular lesions caused 60 deaths, 15.54% of the total, which reveals a decrease on the percentage for 1960.

During the year a total of 513 cases of infectious diseases were notified. This represents a dramatic rise on the numbers notified during 1960 when 104 notifications were received. Measles notifications again accounted for the greatest number of a single disease, 477 notifications of this disease being received during the year.

No confirmed cases of poliomyelitis were notified during the year, and although 4 suspect cases were removed to the Derwent Hospital, Derby, none of these were in fact found to be poliomyelitis on subsequent investigation at the Hospital. The poliomyelitis vaccination scheme continued to operate as previously and early in 1962 the oral vaccines became available for use.

In this district with 2 "A" class roads passing through roughly from north to south, and with the ever increasing number of vehicles using these, and other roads in the district the number of certain types of motor vehicles giving off varying amounts of black smoke from exhausts while on these roads, seems to be increasing year by year. The manufacturers of the engines used in these motor vehicles have said on a number of occasions that the engines should not behave in this way if kept clean and used properly and the trouble seems to arise when vehicles are required to give sudden extra bursts of speed. More power is required and increased amounts of oil are fed into the engine with the result that more smoke is expelled through the exhaust. It is, at times, quite unpleasant for others using the roads to have to travel through this oily exhaust smoke. The Medical Research Council after investigations into the problem from a health point of view, reported in 1960 that these fumes are not a danger to health, but legislation has been introduced to endeavour to limit the discharge of such exhaust fumes. The Ministry of Transport is also actively engaged on

finding the solution of the problem. At the moment the problem seems to be an aesthetic one rather than one of public health, but if the present rate of usage of the roads by an increasing number of motor vehicles continues the present position could be reversed.

It is now an accepted fact that we live in an era of an ageing population. The proportion of old people increased from 4.7% of the national population in 1900 to 11.9% in 1961 and it is estimated that the percentage may reach 14.8 in about 15 years time, and that by this date there will be 7½ million people in the country of ages of 65 and over. It has been calculated that the average expectation of life for a male is now 68 years and for a female 72 years.

The welfare of the increasing number of the elderly is the concern of a number of bodies. The County Council, the General Practitioners, the Hospitals, the National Assistance Board, voluntary bodies such as the W.V.S. and Old Peoples Clubs, all play their part in the general welfare of the old people. The main problem of the old is, apart from health, that of loneliness and a feeling of being no longer a useful or necessary member of society. Families grow up, marry and move away and the fact of feeling rather neglected is sometimes a cause in the deterioration of some old people today. At such times, the outlook of some old people seems to be that tomorrow will do. This outlook is very often the start of deterioration in an old and lonely person which results in a neglected appearance of the home and the old person themselves and, through neglect, possibly ill-health. The Council has power to make an application to the Magistrates for the compulsory removal to hospital of persons who are aged, infirm and living in insanitary conditions and who are not capable of giving to themselves, or are not receiving from other persons, adequate care and attention, but this procedure is only resorted to when all other persuasion and offers of a voluntary admission to hospital have failed. On the other hand, those old people who do make an effort to keep active are very often 'live wires' and sometimes take a leading part in the functions of the various organisations they attend. The efforts of the Council on behalf of the old people living in the area are to be applauded. By donations made to various organisations throughout the area and by the provision of housing accommodation of a suitable type, the Council are helping to make a real contribution to the problem of the aged.

It is not suggested that membership of an old peoples organisation alone will solve all the problems of old age. Illness, for instance, is a matter for the Doctors and Hospitals. Club membership does, however, give old people an interest in life and the weekly meetings give them something to look forward to. At these meetings and functions they meet other people of their own age and possibly with the same interests, which tend to cancel out any feeling of loneliness and uselessness and help to keep an old person active both physically and mentally.

The problem of the aged person living alone does give rise to anxiety from time to time and in some parts of the country the question of the appointment of what are called "Old Peoples Visitors" has been discussed. The function of these visitors would be to call on the old people living in their particular area to give any assistance which might be needed and generally to talk to the old people and to look after their welfare. The last thing that is intended in the appointment of these visitors is that they should be regarded as "snoopers", for the privacy and individual likes, dislikes and wants of each particular old person must, at all times be respected, and the visitors must at all times come to be regarded by them as friends. The problem is often dealt with by neighbours of old persons keeping a friendly eye on them and giving assistance as and when required but one or two instances have brought the plight of the elderly living alone to the public notice.

During the year the County Council instituted a Chiropody Service in parts of the County and this was extended to the Belper area in the early part of 1962. The service is at present limited to the physically handicapped, expectant mothers and the aged. The institution of this service is to be welcomed, particularly for persons in the last category. The scope of the service has had to be limited because of the difficulty in recruiting a sufficient number of chiropodists, but in spite of this, it does mark a further step forward in the provision of a complete health service. It is hoped that the day is not too distant when the service will be extended to all members of the community.

The Report of the Chief Public Health Inspector again shows the wide and very varied duties falling to be carried out by the Inspectors. The number of improvement grants dealt with during the year remained practically constant, but this does not truly reflect the number of calls, interviews and hours spent in explaining the provisions of the Acts to would-be applicants and also supervising the work in progress. The increased amount of time spent on meat inspection is reflected in the fact that the numbers of cows, heifers, sheep and lambs and pigs inspected all show increases over the previous year's figures. The supervision of the refuse collection service and the dealing with increasing attendant problems also tends to consume more of the Inspectors' time as the years go by. It is now 2 years since the review of establishment was carried out but the time is approaching when serious thought will have to be given to the question of the appointment of a third Inspector.

In spite of the difficulties encountered, however, a large amount of very valuable work was carried out during the year.

I have, once again, Ladies and Gentlemen to place on record my thanks to the Chairman and Members of the Public Health Committee, and of the Council for their help and for their sympathetic consideration of proposals laid before them during the year. I have also to express my gratitude to the General Practitioners, Health Visitors and District Nurses for their help and co-operation, to the Clerk of the Council and the Chief Public Health Inspector for their support and assistance and to the staff of my Department for their untiring efforts during a very busy year.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

W. J. Morrissey

Medical Officer of Health

PHYSICAL CHARACTERISTICS AND COMPOSITION OF THE AREA

The Rural District of Belper lies in the south of Derbyshire and is bounded on the north by the Urban District of Matlock, on the south by the County Borough of Derby and the South East Derbyshire Rural District, on the east by the Urban Districts of Alfreton, Ripley, Heanor and Ilkeston Borough, and on the west by the Wirksworth Urban and Ashbourne Rural Districts. The altitude of the area varies considerably from 150 O.D. at Darley Abbey in the south to 1,000 O.D. in the north at Ashleyhay. The River Derwent, entering the rural district at Lea Wood, on the 260 feet contour, flows from north to south, dividing the area fairly equally into east and west. The eastern parishes are where the industries are found, and the residential and agricultural parishes are sited chiefly on the west bank of the river.

A circle of approximately 10 miles radius, struck from the Council Offices, encloses the 28 parishes which are under the Council's administration.

Representation on the Rural District Council varies, one parish sending three councillors and in another instance one representative sits for two parishes. The total representation is 30 councillors.

PRINCIPAL LOCAL INDUSTRIES

The principal local industries are Deep and Opencast Coal Mining, Limestone Quarrying, Agriculture and Cotton and Hosiery Manufacturing.

STATISTICS OF THE AREA

Area of District	48,074
Population, 1951 Census	28,193
Estimated Mid-Year Population 1961	33,590
Number of houses, flats, shops with houses, hotels and boarding houses	11,791
Rateable Value at 31.3.62	£448,901
Sum represented by a penny rate	£1,808. 0. 0.
Rate in the £ Common Charges	19. 1.
Total loan debt	£1,983,086
Debt for housing only	£1,683,940
Loan debt for sewerage	£61,646
Houses erected during the calendar year :-	
by Council	26
by Private Enterprise	663

VITAL STATISTICS

<u>Live Births</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Total	284	255	539
Legitimate	282	247	529
Illegitimate	2	8	10
Crude Birth Rate per 1,000 estimated population			16.04
Comparability Factor	0.99		
Adjusted Birth Rate			15.89
England and Wales Birth Rate for 1961			17.4
Illegitimate Live Births formed 1.85% of the total Live Births.			

<u>Still Births</u>	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Totals	4	9	13
Legitimate	4	8	12
Illegitimate	-	1	1
Still Birth Rate per 1,000 Live and Still Births			23.5
Still Birth Rate, England and Wales for 1961			18.7

<u>Total Live and Still Births</u>	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Totals	288	264	552
Legitimate	286	255	541
Illegitimate	2	9	11

<u>Deaths</u>	<u>Males</u>	<u>Females</u>	<u>Totals</u>
	203	183	386
Crude Death Rate per 1,000 estimated population			11.49
Comparability Factor 1.13			
Adjusted Death Rate			12.99
England and Wales Death Rate for 1961			12.0

Infant Deaths (deaths under 1 year)

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Totals	4	5	9
Legitimate	4	5	9
Illegitimate	-	-	-

Infant Mortality Rates

Total Infantile Mortality Rate per 1,000 total Live Births	16.69
Infant Mortality Rate England and Wales for 1961	21.4
Legitimate Infant Mortality Rate per 1,000 legitimate Live Births	17.01
Illegitimate Infant Mortality Rate per 1,000 Illegitimate Live Births	Nil

Neo-Natal Mortality (deaths under 4 weeks)

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Totals	3	4	7
Legitimate	3	4	7
Illegitimate	-	-	-
Neo-Natal Mortality Rate per 1,000 total Live Births			12.99

Early Neo-Natal Mortality (deaths under 1 week)

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Totals	3	3	6
Legitimate	3	3	6
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate per 1,000 total Live Births	11.14
--	-------

Perinatal Mortality (Still Births & Deaths under 1 week combined)

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Totals	7	12	19
Legitimate	7	11	18
Illegitimate	-	1	1

Perinatal Mortality Rate per 1,000 total Live and
Still Births 34.42

Maternal Mortality

Number of Deaths Nil

Maternal Mortality Rate per 1,000 Live and Still Births Nil

Deaths from Cancer (all forms)

<u>Males</u>	<u>Females</u>	<u>Totals</u>
44	33	77

Deaths from Cancer of Lung and Bronchus

<u>Males</u>	<u>Females</u>	<u>Totals</u>
12	1	13

DEATHS

During the year 386 deaths were registered (203 Males and 183 Females). This figure represents a rise of 63 when compared with the figures for 1960.

The crude death rate therefore stands at 11.46 per 1,000 population. The figure must be multiplied by the comparability factor supplied by the Registrar General to make allowances for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. In addition, the death rate comparability factor has been adjusted specifically to take account of the presence of any residential institutions in each area. When crude death rate is multiplied by the appropriate area comparability factor, it is comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area.

The comparability factor for this area is 1.13 and the crude Death Rate when multiplied by the factor, gives an adjusted death rate of 12.99.

Cancer was responsible for 77 deaths (44 Males and 33 Females), vascular lesions of the nervous system was classed as responsible for 60 deaths (28 Males and 32 Females) and coronary disease and angina caused 59 deaths. Taking all heart diseases together the total number of deaths from these diseases was 115 (63 Males and 52 Females) making heart diseases once again the cause of the largest number of deaths which occurred.

Deaths from Bronchitis and Pneumonia increased on 1960's figures. Bronchitis was the cause of 17 deaths (15 in 1960) and Pneumonia caused 25 deaths (17 in 1960).

Influenza caused 16 deaths as against 1 in 1960 and deaths from "other diseases of the respiratory system" rose from 2 in 1960 to 5 in 1961.

The following table shows the number of deaths according to age and sex.

	Under 1 Year	1	2	3	4	5-9	9-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75	Total
Males	5				1				5	7	16	31	57	81	203
Females	4						1		2	3	8	23	41	101	183
Total	9	-	-	-	1	-	1	-	7	10	24	54	98	182	386

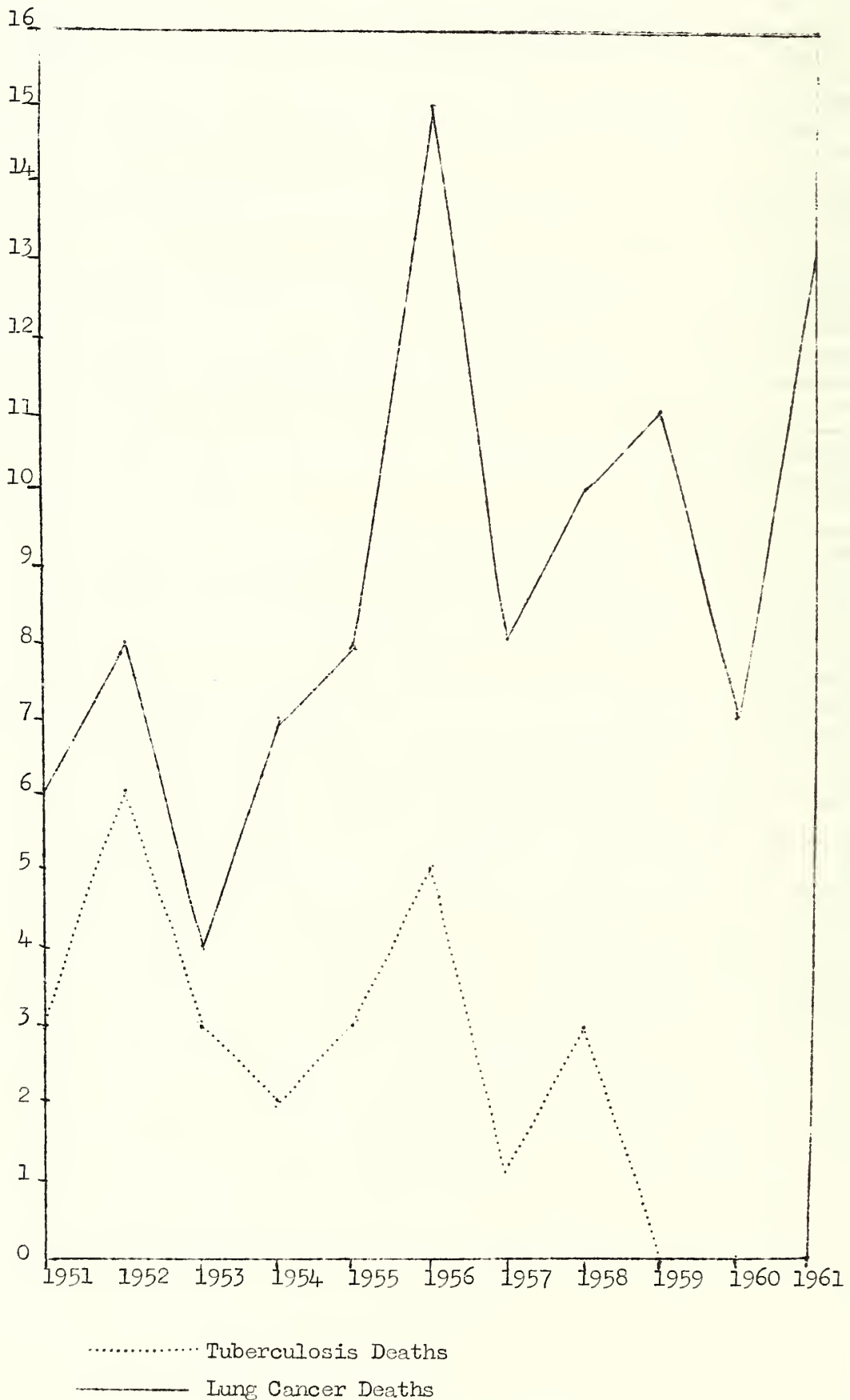
CAUSES OF DEATHS REGISTERED DURING 1961

The following table shows the causes of deaths registered during 1961:

<u>Causes of Death</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Syphilitic disease		1	1
Malignant neoplasm, stomach	2	8	10
Malignant neoplasm, lung, bronchus	12	1	13
Malignant neoplasm, breast	-	7	7
Malignant neoplasm, uterus	-	2	2
Other malignant & lymphatic neoplasms	15	15	30
Leukaemia, aleukacmia	1	1	2
Diabetes	3	3	6
Vascular lesions of nervous system	28	32	60
Coronary disease, angina	40	19	59
Hypertension with heart disease	4	5	9
Other heart disease	19	28	47
Other circulatory disease	9	19	28
Influenza	8	8	16
Pneumonia	12	13	25
Bronchitis	16	1	17
Other diseases of respiratory system	3	2	5
Ulcer of stomach and duodenum	3	-	3
Gastritis, enteritis and diarrhoea	1	2	3
Nephritis and nephrosis	1	1	2
Hyperplasia of prostate	2	-	2
Congenital malformations	1	1	2
Other defined and ill-defined diseases	16	10	26
Motor vehicle accidents	4	-	4
All other accidents	2	3	5
Suicide	1	1	2
Total	203	183	386

DEATHS FROM PULMONARY TUBERCULOSIS AND LUNG CANCER

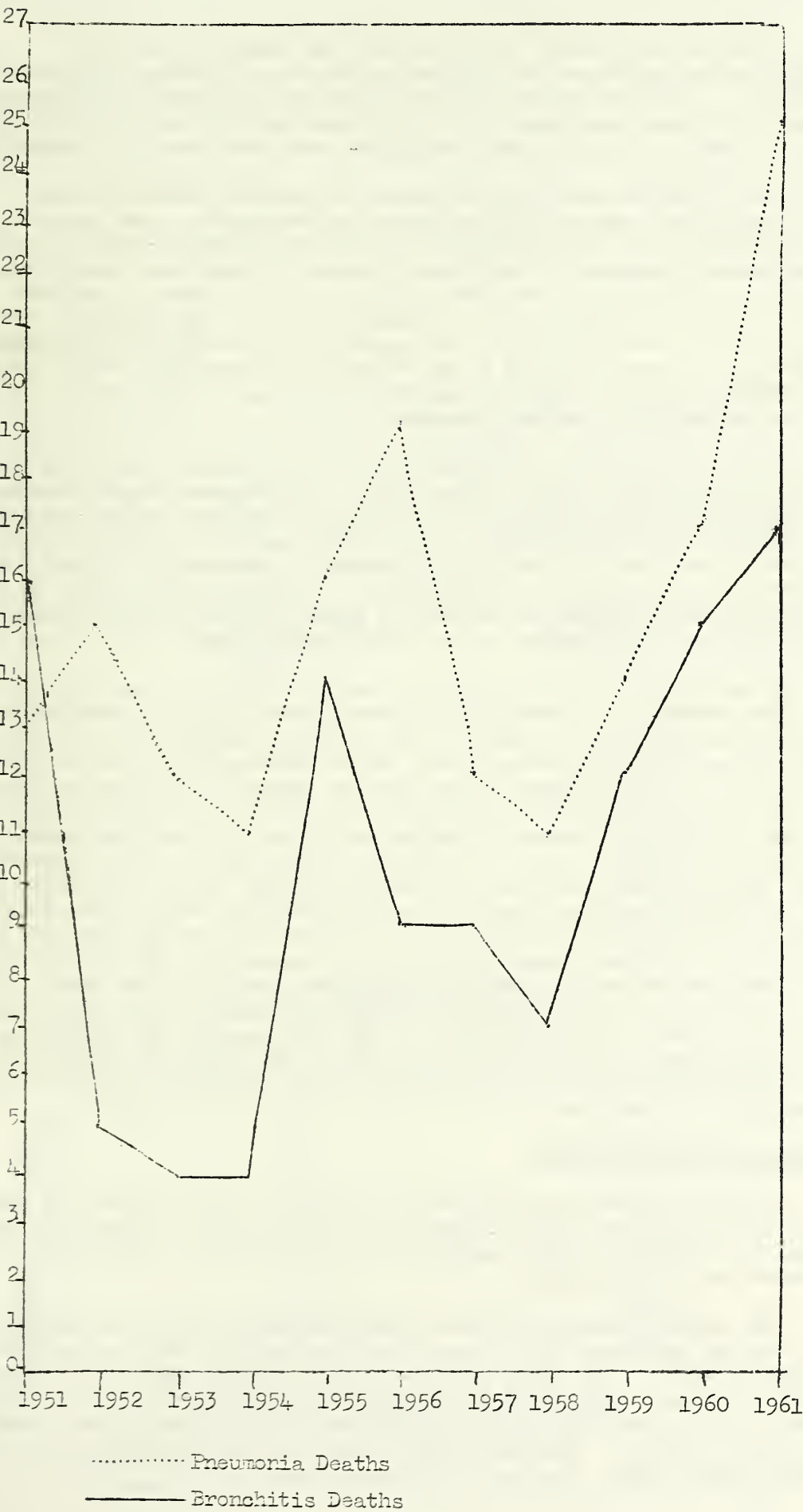
This graph shows the rise and fall in the number of deaths from pulmonary tuberculosis and lung cancer during the past 10 years.



No deaths from Pulmonary Tuberculosis occurred during 1959, 1960 and 1961.

OTHER CHEST DISEASES

This graph shows the variation in the number of deaths from Bronchitis and Pneumonia over the last 10 years.



CANCER

The number of deaths from cancer at all sites during the year was 77. This is an increase of 19 on the figure for 1960 when a total of 58 people died from the disease. Deaths from cancer of the lung and bronchus numbered 13 as against 7 in 1960.

More and more publicity was given throughout the year to the possible connection of smoking of cigarettes and cancer of the lung, culminating in the report on the subject by the Royal College of Physicians in March 1962. While it cannot be denied that tobacco smoke might contain irritants to the chest and lungs, it is interesting to note that 3.36% of the deaths registered in this district during the year were from this complaint.

The Report of the Royal College of Physicians concludes that cigarette smoking is a cause of lung cancer and bronchitis and that it probably contributes to the development of coronary heart disease and various other less common diseases. The general advice to those who smoke is to stop it and to those who do not, not to start. It is thought that the smoking of cigars and pipes might be undertaken, if not with impunity, with a less chance of the development of a malignant growth in the smoker's lungs. This is thought in some quarters to be related to whether the smoker inhales or not, but other schools of thought disagree with this. Recent reports have tended even to make pipe smoking suspect.

The Royal College of Physicians is of the opinion that smoking of cigarettes does cause cancer of the lung. The Tobacco Manufacturers, say that there is no proof that this is the case, and have called for more and more research into the problem. This would appear to be the only way in which the connection will be finally proved or disproved. In the meantime, every effort must be made to persuade people who smoke to give it up or at least cut down on the number of cigarettes smoked each day, and the main aim of our efforts must be directed towards the discouragement of the young people.

Other factors, beside cigarette smoke, could be a contributory cause of lung cancer. As mentioned in other parts of this Report the increase in the number of cars on the road and the consequent increase in the total volume of exhaust fumes is another fact, which, although no proof or even connection has been established, might have an adverse effect on the human lung tissue. Again, fumes from factories may be a further contributing cause of the rise in the number of deaths from cancer of the lung which has revealed itself in recent years. Environment may also be a contributory cause. We cannot, unfortunately, say with any certainty what the actual number of patients suffering from lung cancer is at any one time, because the condition is not notifiable and only the patient and his doctor and possibly the hospital know of this. We cannot, therefore, give any comparative figures of the number of patients suffering from this condition, now or in the past. We have to rely on the death returns from the Registrar General for our statistics and these do not present a current picture of the incidence of the condition. Thus although only 13 people died from lung cancer in the district in 1961, it should be borne in mind that this is no reflection on the number of people actually suffering from the condition.

HEART AND CIRCULATORY DISEASES

As will be seen from the Table on page 11 of the report the number of deaths from heart conditions increased during the year. Coronary disease and angina was classed as being responsible for 61 deaths in 1960, but this number decreased to 59 in 1961.

The heart, possibly the most important organ in the human body, could be likened to a pump which sends blood through the arteries at a definite and regular pressure. At times when the body is called upon to perform tasks of effort and strain, more blood is wanted by each organ required to undertake the strain. As a result of this, the pressure of the blood in the arteries increases very quickly. When the strain is passed, the position reverts to normal. In a young person these strains can be coped with.

The position is altered when one approaches and passes middle age. If the body is subjected to more or less permanent strain over a long period, it becomes used to working under more or less permanent strain and the pressure in the arteries does not lessen. A point must be reached when the muscles in the heart cannot function any further at such pressure and the heart is exhausted and fails, or a blood vessel may rupture or blood may clot in a blood vessel. If this happens in the arteries of the heart itself the clotting or coagulating of the blood is called coronary thrombosis. This may happen in the arteries in the brain and is then known as cerebral thrombosis.

This picture may not seem to be a very bright one but need be no reason for alarm. It has been said that a man constantly afraid of coronary thrombosis puts himself into the best condition to develop it. The real point is that people in middle age can and do manage to regulate their lives so that the strains referred to above are less likely to occur. The main rules for a person suffering from "blood pressure" for avoiding these strains is to stick to advice given by a doctor, adequate relaxation - both physical and mental - adequate exercise, sensible diet and no more than a very light intake of alcohol (if any). As with most other things in this life, the successful management of this type of complaint is a case of moderation in all things.

INFANTILE MORTALITY

The following tables relate to the infantile mortality in the District for three 10 year periods beginning in 1895. It will be seen from the statistics that there has been a remarkable improvement since the beginning of this century. This improvement is not limited to this district alone and is for the most part, due to our improved knowledge of hygiene, cleanliness in the handling of food and of general matters relating to the health of babies. For the spread of such knowledge those engaged in the work of Child Welfare must take credit.

<u>Year</u>	<u>No. of Deaths of Infants under 1 year</u>	<u>Infantile Death Rates per 1,000 Live Births</u>
1895	83	113.45
1896	60	85.66
1897	96	146.69
1898	75	104.23
1899	88	132.25
1900	70	122.20
1901	90	134.32
1902	77	117.02
1903	60	98.03
1904	62	95.97

FOR TEN YEAR PERIOD. 1895-1904

Average number of infant deaths per year	75.4
Average annual infantile death rate per 1,000 Live Births	115.032

1932	30	50.13
1933	14	38.67
1934	15	42.15
1935	17	48.14
1936	24	64.2
1937	12	31.007
1938	16	43.3
1939	11	29.42
1940	13	36.62
1941	26	20.08

FOR THE TEN YEAR PERIOD 1932-1941

Average number of infant deaths per year	17.8
Average annual infantile death rate per 1,000 Live Births	45.375

<u>Year</u>	<u>No. of Deaths of Infants under 1 year</u>	<u>Infantile Death Rates per 1,000 Live Births</u>
1950	13	35.8
1951	9	23.0
1952	13	32.9
1953	13	33.57
1954	6	16.39
1955	12	30.07
1956	8	21.7
1957	6	14.6
1958	12	27.65
1959	10	22.03

FOR TEN YEAR PERIOD 1950-1959

Average number of infant deaths per year 10.2
Average annual infantile death rate per 1,000 Live Births 25.771

During the past 2 years the number of infantile deaths have been as follows :-

<u>Year</u>	<u>Males</u>	<u>Females</u>	<u>Infantile Mortality Rate per 1,000 Live Births</u>
1960	5	9	28.93
1961	5	4	16.69

INFANTILE DEATHS 1961

TABLE SHOWING CAUSES AND AGE AT DEATH

Sex	Causes	Weeks				Months										Total
		Under 1	1 - 2	2 - 3	3 - 4	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	6 - 7	7 - 8	8 - 9	9 - 12		
Males																
	Anoxia	1														1
	Inhalation of Gastric Content								1							1
	Maternal Intra Partum Haemorrhage	1														1
	Multiple Congenital Abnormalities	1														1
Females																
	Atolactasia	1														1
	Acute Suppurative Tracheitis									1						1
	Hydrocephalus			1												1
	Prematurity	1														1
	Pulmonary Insufficiency	1														1
	Total	6	-	1	-	-	1	-	1	-	-	-	-	-	-	9

INFECTIOUS DISEASES

A total of 513 notifications of infectious diseases were received during 1961. This is a five-fold increase on the number notified in 1960 and almost twice as many as in 1959. Measles formed the greater portion of the total numbers, there being 477 cases of this disease notified.

The pattern of the infectious diseases was much the same as in the previous year. The greatest number of cases were in children in the 5-9 year group. The greatest number of cases were notified during the month of February and the largest number of notifications in respect of one parish was in respect of persons living in Allestree. Comparisons on such a basis are, however, deceptive in that the incidence of infectious disease is regulated by population and therefore the greater the population in any particular parish the greater will be the infectious disease rate.

Measles

A total of 477 cases were notified during the year. This is a very large increase on the number notified in 1960 when only 30 cases of this disease were notified. As usual those mainly affected were in the 5-9 year group and the greatest number of cases occurred in Allestree (181 cases). February was the peak month for the receipt of notifications and notifications of this illness were still being received in August,

Whooping Cough

A total of 9 cases of Whooping Cough were notified during the year. This is a slight decrease on the number notified in 1960 when 14 cases were notified. The disease was fairly evenly spread as regards the age groups and the highest number of notifications (6) was received in January. Shipley, from where 6 notifications were received had the greatest number of cases of this illness. However, the 6 cases notified from that parish were all from one family.

Scarlet Fever

Only 2 cases of this disease were notified. Both of these were received in the month of March, one being at Hazelwood, the other at Shipley. As is usual practice with notifications of this disease, a visit was paid to both the patient's homes and advice given. One patient was aged 1 year, the other being in the 10-14 year group.

Pneumonia

13 cases of Pneumonia were notified during 1961. Ten of these were received during February, Denby having the highest number of notifications (3) but cases also seemed to crop up in one's and two's in several parts of the area. 12 of the 13 cases notified were in persons in the over 25 year group.

Erysipelas

One case of this disease was notified during the year, and was received during August in respect of a resident of Kilburn in the over 25 year group.

Parochial Distribution

The following table shows the parochial distribution of cases of infectious disease notified during the year :

Parish	Measles	Whooping Cough	Scarlet Fever	Pneumonia	Erysipelas	T.B. Pulmonary	T.B. Non-Pulmonary	Total
Alderwasley	2							2
Allestree	181	1		1		3		186
Ashleyhay								-
Crich								-
Darley Abbey	9							9
Denby	31	1		3		1		36
Dethick, Lea & Holloway	14							14
Duffield	102			1		2	1	106
Hazelwood	9		1					10
Holbrook	8			2		2		12
Horsley	3							3
Horsley Woodhouse	1			1				2
Idridgehay								-
Kedleston								-
Kilburn	61	1		1	1			64
Kirk Langley	4							4
Mackworth								-
Mapperley								-
Pentrich				1				1
Quarndon	19							19
Ravensdale Park								-
Shottle & Postern	1			1			1	3
Shipley	2	6						8
Smalley	15		1					16
South Wingfield	7						1	8
Turnditch				1				1
Weston Underwood	7			1				8
Windley	1							1
Total	477	9	2	13	1	8	3	513

No notifications of the following diseases were received :-

Smallpox, Diphtheria, Enteric Fever, Cerebro-spinal Fever, Ophthalmia Neonatorum.

7 cases of infectious disease were removed to hospital.

Age Incidence of Cases of Infectious Disease

The following table shows the incidence of infectious diseases notified by age groups.

Disease	Age Unknown	Under 1 Year	1-	2-	3-	4-	5-9	10-14	15-24	25 and Over	Total
Measles	1	10	33	43	60	125	185	15	3	2	477
Whooping Cough		2	1	2		1	2			1	9
Scarlet Fever			1					1			2
Pneumonia	1									12	13
Erysipelas										1	1
T.B. Pulmonary								1		7	8
T.B. Non-Pulmonary								1	1	1	3
Total	2	12	35	45	60	126	187	18	4	24	513

The following table shows the notifications of infectious diseases received month by month throughout the year.

Disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Measles	75	173	67	78	45	29	9	1	-	-	-	-	477
Whooping Cough	6	-	1	1	-	1	-	-	-	-	-	-	9
Scarlet Fever	-	-	2	-	-	-	-	-	-	-	-	-	2
Pneumonia	2	10	-	-	-	-	-	-	-	-	-	1	13
Erysipelas	-	-	-	-	-	-	-	1	-	-	-	-	1
T.B. Pulmonary	1	1	1	1	1	-	2	-	-	-	-	1	8
T.B. Non-Pulmonary	-	1	-	-	-	-	-	-	-	1	1	-	3
Total	84	185	71	80	46	30	11	2	-	1	1	2	513

TUBERCULOSIS

During 1961 11 cases of Tuberculosis were notified of which 8 were pulmonary Tuberculosis and 3 were non-pulmonary Tuberculosis. This is the same number in total as for the previous year. There were no deaths from the disease during 1961.

As the graph on Page 12 of the Report shows, deaths from Tuberculosis have since 1950 been steadily on the decrease, and although the numbers of deaths from the disease are very small this is very pleasing to note.

B.C.G. Vaccination

The two schemes in operation, that is the scheme administered by the Chest Physician on the one hand and the County Council Scheme on the other, continued to operate throughout the year. The Scheme administered by the Chest Physicians is limited to children who have been in contact with cases of Pulmonary Tuberculosis and the County Council Scheme is for school children of the age of 13 years and upwards. Visits were made to a Grammar School and a Secondary Modern School in the Belper Urban District during the year, and a number of children resident in the Rural District received skin tests, and were vaccinated with B.C.G. if this was found necessary on subsequent inspection.

DIPHTHERIA AND DIPHTHERIA IMMUNISATION

No case of Diphtheria has been notified in this district since 1946 and no case occurred during the year under review.

I am indebted to Dr. J.B.S. Morgan, the County Medical Officer, who has kindly supplied the following details regarding Diphtheria Immunisations carried out during the year in this district.

Record cards received during the year in respect of children immunised during that year.

Primary Immunisation	-	328
Booster Injections	-	189

Further cases of Diphtheria occurred in Derby during the year and two child contacts, attending the same school as a suspected case and living in this district, were visited and nasal and throat swabs were taken and forwarded to the Public Health Laboratory. Neither of these two children gave positive reactions.

It is still a fact that the only way in which to rid ourselves of Diphtheria is by immunisation. The Scheme begun in 1940, met with a gradual diminution of numbers receiving immunisation after the war. Diphtheria still remains a very serious illness and it seems that a large section of the members of the public think that there is no longer a great deal of danger from this disease. This may be true in part. It is only by immunisation that the figures of cases of Diphtheria and deaths from the disease have dropped but in the past few years the numbers over the country as a whole have shown an upward trend. 192 cases were notified in 1957 and 291 were notified in 1959. The percentage of children under 15 years who have been immunised throughout the whole country is thought to be in the region of 50% and it is considered that at least 75% of the children born each year should be immunised if the disease is to be kept in a dormant state.

Most primary immunisations are carried out by the General Practitioners, and immunisation is also available at the School Clinics and Infant Welfare Centres. The School Doctors give 'booster' doses at the schools and also primary immunisations to those children whose parents failed to have it done during infancy. The General Practitioners can also give primary and 'booster' doses to older children.

POLIOMYELITIS AND POLIOMYELITIS VACCINATION

I am most happy to report, once again, that the district remained free from poliomyelitis during the year. Four suspected cases were removed to the Derwent Hospital, Derby, during the year, but after investigations and tests at the Hospital none of these cases was found to be poliomyelitis. These 4 cases were (i) in a twelve year old boy removed from South Wingfield to the hospital in early May, (ii) a 46 year old man removed from Crich to the hospital in late June, (iii) a 31 year old woman removed from Quarndon to the hospital in mid July and (iv) a 15 year old youth removed from Horsley to the hospital in late August.

During the year the experiments on the Sabin 'live' oral vaccine were completed and at that stage the intention was to use the live vaccine to supplement the killed vaccine given by injection, which was then intended to remain as the main method of giving protection. The outbreak of poliomyelitis in Hull, however proved to be an excellent testing ground for the oral vaccine, when it was considered essential, in order to arrest the progress of the disease, to vaccinate a large number of persons at speed. In October 1961, the Minister announced that the Joint Committee on Poliomyelitis had recommended that the Sabin vaccine could be used both safely and effectively for primary vaccinations, but that, pending further study, the Sabin vaccine should not be used to complete a course of vaccination started with Salk vaccine. While stocks of the Salk vaccine last they are available for primary vaccinations where the doctor prefers it to the Sabin vaccine. A circular received from the Minister early in 1962 states that the Sabin vaccine is being made available for the vaccination of persons in the so called 'priority groups' that is, those persons over six months and under 40 years of age. The Committee advised that all other members of the household who have not been vaccinated previously and who are in the 'priority groups' should be encouraged to accept oral vaccine on the same occasion. The Minister goes on to say that the oral vaccine now being introduced for routine vaccination against poliomyelitis contains living attenuated poliomyelitis viruses of types 1, 2 and 3. It has been prepared in this country from the Sabin strains and is offered in such strength that the human dose is contained in 3 drops. All vaccine is tested for safety by the Medical Research Council before being released. The recommended course of this vaccine consists of three doses, each of 3 drops given at intervals of four to eight weeks and the vaccine can be administered on a lump of sugar or in syrup.

The decision to use the live oral vaccine is to be welcomed as the protection which it confers is of a wider nature than that given by the killed vaccine. The killed viruses merely re-awaken the production of antibodies and thus limit the spread of poliomyelitis within the body of the person who has been vaccinated. The oral vaccine, however, as well as protecting the individual, prevents him from becoming a carrier by establishing viruses in the intestines. It has been said that if these oral vaccines were used on a large enough scale they could virtually extirpate poliomyelitis.

IMMUNISATION AGAINST WHOOPING COUGH AND TETANUS

Arrangements for immunisation against these two complaints is available through the Derbyshire County Council and the same arrangements remained in force throughout the year. Injections are given at the County Council Clinic or by the General Practitioners, and 'booster' doses are given after the recommended interval has elapsed.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47
NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

These two Acts give authority to secure necessary care and attention for persons who :

- (a) are suffering from grave chronic disease, or being aged and infirm or physically incapacitated are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons proper care and attention.

During the year an application was made to the Magistrates Court under the National Assistance Act, 1948 for the removal of a man from Smalley. This man was living in the last house left standing in a Clearance Area and because of a disability of his legs was unable to move about without a wheeled chair and was living in insanitary conditions. He was not receiving from other persons, and was not able to devote to himself proper care and attention. The application was made to the Court on the 26th June and the man was removed to Babington Hospital, Belper on the 27th June, 1961.

SUPERANNUATION ACTS 1937/1953

During the year a total of 16 medical examinations were carried out on members of the staff prior to their being admitted to the Superannuation and Sick Pay Schemes. Of this number 5 were office staff and 11 were manual workers.

DANGERS TO CHILDREN FROM PLASTIC MATERIALS

During the year a Ministry Circular was received drawing attention to the increasing number of children who die each year by suffocation from polythene bags and sheeting.

In these days with the number of articles wrapped in plastic material increasing each day, the dangers to the young from these materials are increased proportionately. Every kind of merchandise from mattresses to food is wrapped in this material and this is undoubtedly a most hygienic way of pre-packing articles, especially food stuffs.

After unwrapping the articles these plastic bags and containers are either given to children as play things or they are left lying about and are taken for play things. Children do not, and indeed cannot, see the danger of the plastic materials and the material sometimes finds its way to the child's mouth or the plastic material is pulled over the face. Breathing then becomes difficult and attempts to breathe in result in the polythene being drawn into the mouth or tight over the face with the breath. The dangers of this situation are not always apparent even to adults.

Fortunately no fatalities occurred in the district from such a cause during the year. The answer to the problem is for the public to realise that plastic packaging materials are not children's play things and can be dangerous. It is very pleasing to note that one firm in the Rural District prints on the plastic covers it uses, a warning to parents to keep the covers away from children.

BACTERIOLOGICAL EXAMINATIONS

All Bacteriological Examinations in connection with milk, water, food supplies and infectious disease are carried out at the Public Health Laboratory (Medical Research Council) 121a Osmaston Road, Derby, (Telephone Number Derby 45597).

The following table shows the results of examinations carried out at the Public Health Laboratory of specimens submitted by the Department during 1961 :

	Positive	Negative
Throat Swabs - C. Diphtheriae		2
Nasal Swabs		2
Faecal Specimens - Polio Virus		12
Water	4	2
Total	4	18
X Positive indicates an unsatisfactory sample Negative indicates a satisfactory sample		

Specimens taken by Medical Practitioners are forwarded direct to the Laboratory, and the results are not communicated to this department except when a positive result leads to a notification under the Infectious Diseases Regulations.

HOSPITAL SERVICES

Cases of infectious disease occurring in the district may be removed to the Derwent Hospital, Derby.

Cases of Tuberculosis requiring admission to hospital are referred to the Chest Physician, Chest Centre, Green Lane, Derby, (Telephone Number Derby 47866), and may be admitted to the Derwent Hospital, Draycott Hospital or to Walton Sanatorium, Chesterfield.

All admissions and discharges of cases of infectious disease, including Tuberculosis, are notified to me as the District Medical Officer of Health.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

To the Rural District Council of Belper

Council Offices,
Field Head House,
Chesterfield Road,
Belper, Derby

23rd July, 1962.

Mr. Chairman. Ladies & Gentlemen,

I submit herewith my Annual Report on the work undertaken by the Public Health Department during the year 1961.

New legislation which came into force during the year included the Public Health Act, 1961 and the Housing Act, 1961 both of which were supplemental to the existing main Acts, but gave additional powers in connection with trade effluents, contributions towards the cost of new sewers, separate closet accommodation for dwellings, food storage in houses, accumulations of rubbish, proposed building regulations to replace local building byelaws, alteration of permitted rent increases for improvements, and minor amendments relating to improvement grants.

The work on improvement grants takes up a considerable proportion of the staff's time in giving advice in the preliminary stages of enquiry, checking and approving applications, and inspection of the works in progress. The resultant improvement in the amenities of many houses and the appreciation shown by many of the applicants gives some satisfaction and reward for the amount of work involved in dealing with such improvements.

The sewerage and sewage disposal schemes being undertaken by the Council have not yet reached a stage when any appreciable difference has been made on the night soil collection service. The scheme of compulsory conversion of pail closets where a sewer and water supply are available, adopted towards the end of the year, combined with the new sewerage schemes, should considerably lessen the amount of work on pail closet emptying.

Refuse collection continues to provide the greatest problem, and the varying periods between collections, particularly during holiday periods leads to a number of complaints from householders. The difficulties of recruiting labour, dealing with sick leave, and arranging annual holidays, combined with the increasing development in the area continually thwart the attempts to maintain a regular weekly service throughout the year.

It has been impossible to undertake much work under the Clean Air Act, other than occasional observations on certain factory chimneys and advice on remedial measures where emissions of black smoke have occurred, and the vetting of several notices in connection with the installation of new furnaces. The proposed smoke control areas in the Allestree and Darley Abbey parishes could be more easily brought about before the areas are completely developed, but the pressure of work on the present staff prevents the necessary surveys being carried out.

I thank the Public Health Committee for their continued support of all schemes for new and replacement equipment, to the staffs of other departments for much valuable assistance, and to the staff of the Public Health Department for their unstinted endeavours to maintain the many useful services which are provided by the Department.

I am, Ladies and Gentlemen,
Your obedient servant

H.D.STANWORTH

Chief Public Health Inspector

SCAVENGING

The Council continues to collect house refuse throughout the district by the direct labour scheme.

The district is divided into eight areas, each area being covered by one lorry with a team, except in the northern areas where eight men are employed on two lorries without any division of the area because a smaller lorry has to be employed in many of the narrow and steep streets which are difficult to negotiate. The other teams vary from two to five men, the two man team covering the scattered western parishes and five men teams employed in Darley Abbey and Allestree.

One spare lorry makes up a fleet of ten refuse collecting vehicles kept at Crich, Duffield and Kilburn depots, and one other older surplus vehicle has been temporarily retained in service because of its usefulness in dealing with old filter media taken out during the re-constructions of certain of the sewage works filter beds.

The difficulty in maintaining a reasonable collection continues to give much trouble and anxiety to the supervisory staff because there is seldom the same labour force available from one week to another. Sick leave and holidays disrupt the service and involve continual change of personnel and re-shuffling of the men between districts, to the extent of occasionally putting one lorry off the road and the remaining members of two teams being combined into one team.

The increased number of houses at the southern end of the area aggravates the problem where the recruitment of suitable labour is almost impossible.

In spite of the difficulties many of the workmen, particularly those with long service with the Council, have worked conscientiously, but even they can find more remunerative part-time employment during times when the Council could employ them on overtime.

Refuse Tips

The refuse tip at Darley Abbey owned by the Council continued to receive the bulk of house refuse from the southern end and the western parishes, with small amounts going to a rented tip at Kirk Langley, which is almost nearing completion by way of filling, covering with soil and grassing down on the termination of the agreement.

The Crich tip serves the whole of the north, a second area of Hilt's Quarry having been rented from the Butterley Company Ltd., but a change of ownership has necessitated new negotiations for a continuance of the lease, the agreement for which has not yet been signed.

Free tipping on land at Brickyard Lane, Kilburn, has enabled all the refuse from the eastern side to be tipped there, and so reserve the rented tip at Sardy Lane, Horsley, for the time when no other tipping space is available in that area.

Salvage Collection

The collection of salvage is carried out by all teams, but only three of them find it practicable to use a trailer, the remainder carrying sacks on the lorries for depositing clean waste paper etc.

A full-time paper baler, using a manual press, deals with the material at Duffield depot and the paper at Crich is baled as required by the refuse collectors.

During the financial year 195 tons 9 cwt 3 qrs of waste paper was collected and sold, realising £1.337. 1. 8d., and during the same period the sale of scrap metal and rags, realised £271. 0. 8d., making a total of £1,608. 2. 4d.,. In September 1961 the workmen's salvage bonus was increased from 50% to 60% of the profit after deducting expenses, but an additional charge of 10% of the profits for use of lorries was included in the expenses. During the last financial year the amount distributed to the workmen as salvage bonuses was £397. 17. 0d.

Pail Closet and Cesspool Emptying

During 1961 a weekly emptying of approximately 690 pail closets was carried out by a team of one driver and two loaders, using two cesspool emptiers for alternating periods.

The Council's decision to enforce closet conversions where a sewer and water supply are available should reduce this number by about one hundred.

The same team of men carry out all cesspool emptying, and this work has tended to increase since the Council reviewed the charge, which is now £1 for the first load of 800 gallons and 5/- for each subsequent load during the same visit

Cost of Scavenging

The cost of the house refuse and nightsoil collection schemes for the year ended the 31st March, 1962, totalled £31,721. 0. 0, the equivalent of a rate of 1/5¹/₂d in the pound or at an average cost of £2.13.10, per house for the year.

SLAUGHTERHOUSES AND SUPERVISION OF FOOD SUPPLIES

Slaughterhouses

The Hygiene and Cruelty Regulations required all slaughterhouses to be brought up to a reasonable standard, and all but minor items have been completed in the slaughterhouses in the district.

One former licensee who had indicated his intention to carry out the necessary works has decided not to proceed with the work, leaving six slaughterhouses in the Belper Rural District whereas prior to the making of the regulations there were twelve licensed slaughterhouses in the area.

One slaughterhouse deals with pigs only and is also a bacon and pork products factory, one is used wholly for the wholesale trade and one is used for part wholesale and part retail business. The remaining three deal only with animals for the retail trade of the butcher carrying out the killing, one of the slaughterhouses accommodating four different butchers.

Meat and Food Inspection

The carcasses and organs of all cattle (bulls, bullocks, cows and heifers), calves and pigs killed in the district for human consumption, were inspected at the time of or shortly after slaughter, giving 100 % inspection under the Public Health (Meat) Regulations, 1924 and 1952. Almost 100% inspection of sheep and lambs has also been carried out.

The success of the scheme for the eradication of bovine tuberculosis is reflected in the greatly reduced quantities of meat and offal condemned in slaughterhouses. Only very occasional old lesions are seen and with a reduction also in the incidence of liver fluke the loss to the butchers is trifling compared with the vast amounts of meat and offal which had to be condemned a few years ago. The search for parasitic, septic, and inflammatory conditions still entail complete inspection involving many incisions of the organs and on occasion the carcass, but the high quality of the meat killed in this area is reflected in the small percentage of animals affected shown in the following table.

Carcases and Offal inspected and condemned in
whole or in part

	Bulls	Bullocks	Cows	Heifers	Calves	Sheep and Lambs	Pigs	Horses
Number killed	Nil	302	402	906	27	Not Known	6399	Nil
Number inspected	Nil	302	402	906	27	1591	6399	Nil
<u>Other diseases except Tuberculosis and Cysticerci</u>								
Whole carcasses condemned	Nil	1	2	Nil	Nil	Nil	6	Nil
Carcasses of which some part of organ was condemned	Nil	14	23	31	Nil	Nil	5	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	Nil	4.98	6.219	3.422	Nil	Nil	.017	Nil
<u>Tuberculosis only</u>								
Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part organ was condemned	Nil	Nil	1	2	Nil	Nil	6	Nil
Percentage of the number inspected affected with tuberculosis	Nil	Nil	.248	.22	Nil	Nil	.009	Nil
<u>Cysticercosis</u>								
Carcasses of which some part organ was condemned	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Carcasses submitted to treatments by refrigeration	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

The following is a list of the meat and other foodstuffs found to be diseased or unsound and voluntarily surrendered :-

<u>Bullocks</u>	1 carcase and all organs 12 livers 1 set lungs
<u>Cows</u>	2 carcasses and all organs 2 hindquarters 21 livers 2 heads and tongues 2 kidneys
<u>Heifers</u>	30 livers 1 head and tongue
<u>Pigs</u>	6 carcasses and all organs 5 heads and tongues 3 livers 2 sets lungs 1 pluck
<u>Other Foodstuffs</u>	50 lbs. shoulder bacon 168 lbs. new potatoes 1 x 6 lbs. tin ox tongues 1 x 6 lbs. tin corned beef.

Disposal of Condemned Food

All condemned meat and offal is stained before leaving the slaughterhouse and removed to an authorised premises for sterilisation, and all raw knacker meat sold for pet's meat is stained before sale.

Other unsound foods are disposed of on the refuse tips where several loads of material immediately cover it.

FOOD AND DRUGS ACT, 1955

Sampling of Milk and Other Foods

The duty of sampling milk and other foods falls upon the County Council and I am indebted to Mr. R.W. Sutton B.Sc. F.R.I.C.S. F.C.S., County Analyst, for the following report :-

"In the area of the Belper Rural District Council 90 samples, including 26 Milks, were taken during the year. All samples were classed as satisfactory."

FOOD AND DRUGS ACT, 1955 (PREMISES REGISTERED UNDER SECTION 16)

(a) Sale, manufacture or storage of ice-cream

There are 2 premises registered for the manufacture and sale of ice-cream.

In addition 109 premises are on the register for the sale of ice-cream, 90 of which were approved for the sale of wrapped ice-cream only.

(b) Preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale

There are 13 premises registered under Section 16 of the Food and Drugs Act, 1955, 11 in connection with the preparation or manufacture of sausages or potted, pressed, pickled, or preserved meats intended for sale, and 2 fish friers.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

A number of premises require works to be carried out to meet the standards laid down by these regulations, which now bring within the scope of the Department all food premises.

Almost all food premises have been initially inspected and required works indicated to the occupier, but shortage of staff prevents much of the follow-up and essential routine work of inspection from being carried out.

The following list classifies the food premises in the district :-

General Stores	81
Licensed premises	75
Grocers	18
Greengrocers	9
Butchers	21
Fish friers and fishmongers	2
Bakehouses	2
Confectioners	3
Ice-cream manufacturers	2
Cafes and mobile canteens	13
Works canteens and kitchens	13
School canteens and kitchens	26
Hospitals and Institutions	3
Total	<hr/> 268 <hr/>

MOVEABLE DWELLINGS AND CAMPING SITES

In accordance with the requirements of the Caravan Sites and Control of Development Act, 1960, site licences had been granted by the end of 1961 as set out in the Table on the next page.

Several other sites were awaiting planning decisions before the question of licensing could be considered.

One licensee appealed to the Magistrates against the conditions attached to his licence, and several amendments to the original conditions were made by the Magistrates, mostly of a minor nature, but a period in which to comply with certain of the conditions was also included by the Magistrates. The Department had planned a follow up of all licences after what was considered a reasonable period, but the period fixed by the Magistrates was much longer and the remaining licensees are being given an extended time within which to comply with the conditions of their licences.

Most of the applicants applied for licences for permanent residential use, but the sites which are for larger numbers of caravans are in fact mainly occupied by caravans used for holiday seasonal purposes.

PETROLEUM (CONSOLIDATION) ACT, 1928

During the year 59 premises were licensed for the storage of petroleum spirit, several of these being new installations or involving extensive alterations and additions to existing premises, which involved a large number of visits of inspection to supervise the work being carried out to comply with the Home Office Code of Practice.

This work was carried out in co-operation with the Fire Prevention Officers of the Derbyshire Fire Service, to whom I am indebted for their valuable assistance.

The premises in this district are generally structurally sound, well laid out, and carefully maintained, with a view to minimising fire hazards.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960
SITE LICENCES GRANTED

Parish	Permanent Residential		Holiday Seasonal		Total	
	No. of Sites	No. of Caravans	No. of Sites	No. of Caravans	No. of Sites	No. of Caravans
Alderwasley	5*	48	-	-	5	48
Crich	4	140	1	1	5	141
Dethick, Lea and Holloway	-	-	3	5	3	5
Denby	1	2	-	-	1	2
Hazelwood	2	2	-	6	2	2
Holbrook	2	2	-	-	2	2
Idridgehay	1	3	-	-	1	3
Kilburn	1	1	-	-	1	1
Kirk Langley	1	2	-	-	1	2
Mackworth	3	4	-	-	3	4
Mapperley	1	1	-	-	1	1
Pentrich	1	1	-	-	1	1
Shipley	1	1	-	-	1	1
Smalley	1	2	-	-	1	2
South Wingfield	2	4	-	-	2	4
Weston Underwood	1	1	-	-	1	1
Total	27	214	4	6	31	220

* NOT included in this total is the site at Alderwasley which is licenced by the Caravan Club for 5 caravans and therefore exempted from the provisions of the Act.

PREVENTION OF DAMAGE BY PESTS ACT. 1949

The following table gives details of the number of inspections and treatments carried out during the twelve months ended 31st December, 1961:

	TYPE OF PROPERTY				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Col. (1) (2) & (3)	
Number of properties in Local Authority's District	49	11058	1274	12381	532
Number of Properties inspected as a result of					
(a) Notification	-	254	45	299	12
(b) Survey under Act	35	569	2	606	34
Total inspections carried out - including re-inspections	121	1440	24	1585	64
Number of properties inspected which were found to be infested by :					
(a) Rats {Major	-	-	-	-	-
(a) Rats {Minor	28	496	10	534	14
(b) Mice {Major	-	-	-	-	-
(b) Mice {Minor	-	6	6	12	-
Number of infested properties treated by Local Authority	28	502	14	544	14
Total treatments carried out - including re-treatments	106	1423	33	1562	42
Number of "Block" control schemes carried out.	-	8	-	8	-

HOUSE PURCHASE AND HOUSING ACT, 1959

The Housing Act, 1961, made certain alterations in connection with improvements to houses and the payment of grants. All houses ranking for grant must now be provided with a water closet within the house except when this is physically impossible, and even in such exceptions the approach must be under cover. The permitted increase of rent for improvements is now $12\frac{1}{2}\%$ of the cost to the owner.

Very few landlords take advantage of the scheme and the applications are almost wholly from owner-occupiers.

During 1961 the Council paid 21 discretionary grants amounting to £4076. 0. 1d. and 50 standard grants amounting to £5107. 1. 2d. making a total of £9183. 1. 3d. three quarters of which is refunded by the Exchequer.

HOUSING

Three Clearance Areas were represented to the Council during the year. Public Local Inquiries were conducted by the department of the Minister of Housing and Local Government into the Council's application for the confirmation of two of the Clearance Areas involving 24 houses, but the Minister has decided not to confirm the Orders and steps are being taken to deal with these houses by way of repair notices under Section 9 of the Housing Act, 1957, or voluntary schemes of re-conditioning submitted by the owners.

The Minister's decision is awaited on the Council's application for the confirmation of the third Order which is in respect of 9 houses.

The following table is a summary of the information submitted to the Minister of Housing and Local Government as to certain aspects of the Department's work during 1961 under the Housing Acts and the Public Health Act, 1936.

A.1. Houses Demolished		Number of Houses		Displaced during Year 1961	
In Clearance Areas				Persons	Families
(1) Houses unfit for human habitation		34		87	3
(2) Houses included by reason of bad arrangement, etc.		Nil		Nil	Nil
(3) Houses on land acquired under Section 43(2) Housing Act, 1957		Nil		Nil	Nil
Not in Clearance Areas					
(4) As a result of formal or informal procedure under Section 16 or Section 17(1)		6		Nil	Nil
(5) Local Authority owned houses certified unfit by the Medical Officer of Health		Nil		Nil	Nil
(6) Houses unfit for human habitation where action has been taken under local Acts		Nil		Nil	Nil
(7) Unfit houses included in unfitness orders		Nil		Nil	Nil
A.2. Number of dwellings included above which were previously reported as closed.		Nil		Nil	Nil
B. UNFIT HOUSES CLOSED					
(8) Under Section 16(4), 17(1) and 35(1) Housing Act, 1957		8		13	
(9) Under Sections 17(3) and 26 Housing Act, 1957		Nil		Nil	Nil
(10) Parts of buildings closed under Section 18 Housing Act, 1957		Nil		Nil	Nil
C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED					
		By Owner		By Local Authority	
(11) After informal action by Local Authority		22		Nil	
(12) After formal notice under (a) Public Health Acts		1		Nil	
(b) Sections 9 and 16 Housing Act, 1957		2		Nil	
(13) Under Section 24 Housing Act, 1957		Nil		Nil	

RENT ACT, 1957

During 1961, one application for a Certificate of Disrepair under the Rent Act, 1957 was received. The owner of the property in question gave an undertaking to remedy the defects and the Certificate was not, therefore, issued. One application for cancellation of a Certificate granted in 1958 was received during the year. The procedure as laid down in the Act was followed and the tenant objected to the cancellation of the Certificate on the grounds that all the defects specified in the Certificate had not been remedied. The property was inspected and 2 items mentioned in the Certificate of Disrepair were found to be still outstanding. Accordingly, the Certificate was not cancelled.

FACTORIES ACTS, 1937/1959

The following table is a copy of the information supplied to the Home Office in connection with factory inspections :

Part I - Inspections

1. Premises	No. on Register	No. of Inspections	No. of Written Notices
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	3	17	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	58	31	3
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	7	16	-
Total	68	64	3

2. Cases in which defects were found	6
Cases in which defects were remedied	4

Part VIII - Outwork (Sections 110 and 111)

<u>Nature of Work</u>	<u>No. of Outworkers</u>
Wearing apparel	37

GENERAL SANITARY ADMINISTRATION

In addition to the visits & inspections indicated in other tables in the report, the following information is given as to several other types of premises supervised.

Premises etc.	No. on Register	No. of Inspections
Premises registered for the sale or manufacture of ice-cream	111	17
Premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.	13	18
All food premises (including above)	268	67
Dairies	26	5
Milk Distributors	73	10
Factories and Workplaces (including Bakehouses)	68	50
Bakehouses	2	2
Moveable Dwellings Sites	38	57
Slaughter Houses	6	788
Knackers Yards	1	5

WATER SAMPLING

	Submitted for Chemical Analysis			Submitted for Bacteriological Examination		
	No. of Samples	Satisfactory	Unsatisfactory	No. of Samples	Satisfactory	Unsatisfactory
Public supplies :- Treated	-	-	-	-	-	-
Untreated	-	-	-	-	-	-
Private supplies :- Treated	-	-	-	-	-	-
Untreated	-	-	-	6	2	4

WATER SUPPLIES

From the 1st April, 1961, the supply of water throughout the whole of the Rural district became the responsibility of the newly formed South Derbyshire Water Board.

At this date the statistics for domestic supply were that a total of 11,451 houses were connected to the public mains which serve an estimated population of 28,650.

SEWERS AND SEWAGE DISPOSAL

During the year the existing sewerage systems have been extended in the parishes of Allestree, Darley Abbey, Duffield and Quarndon to cater for speculative housing development.

These sewers were all laid by the developers as part of the site works, though in one instance, (on the Duffield Old Hall Development) the Council made a contribution to the cost of the sewer which was required to be laid at a greater depth and in a larger diameter pipe, to form part of the general sewerage system. This sewer is at present under construction and when completed will eventually be extended to provide a new outfall sewer to the Duffield Sewage Disposal works. Due to the rapidly increasing volume of sewage being dealt with by this disposal works it has been necessary to consider the replacement of the existing pumps with higher capacity units, the installation of which will be delayed to coincide with a scheme proposed by the East Midlands Electricity Board for the conversion of the area to standard national grid voltage. Additional improvements at these works include the replacement of two 45 ft. diameter bacteriological filter beds and the construction of a new capacity sludge drying bed.

Plans for similar improvements at Allestree and Holbrook disposal works are well advanced.

During the year details of the Turnditch and Idridgehay Sewerage and Sewage Disposal schemes were finalized and Ministerial approval obtained. Both contracts have been let and an early start is anticipated.

Schemes which have been prepared this year for submission to the County Council and the Ministry of Housing and Local Government comprise Western Underwood Sewerage and Sewage Disposal scheme and a scheme for the provision of a sewer extending from Blackbrook to Shottle, discharging to the Belper Urban District Council's Sewerage system at Blackbrook.

The scheme for the sewerage of Mackworth has been submitted to the Ministry and their approval is awaited.

Apart from the preparation and supervision of these schemes of capital expenditure the staff of my Department have inspected and tested several thousands of yards of sewers and drains laid in connection with speculative and private development throughout the area.

DRAINAGE

		<u>Estimated Population</u> <u>Involved</u>
No. of houses in district connected to sewers (Estimated)	10,451	29,990
No. of houses in district not connected to sewers (Estimated)	1,340	3,600
No. of connections made during the year		
(a) existing houses	32	
(b) new houses	685	
No. of conversions of other closets to W.C's	46	

